

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/890181		FILING DATE	
							APPLICANT(S)			
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	
1						51				
2						52				
3						53				
4						54				
5						55				
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41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	8					TOTAL IND.				
TOTAL DEP.	10	↓	↓	↓		TOTAL DEP.	↓	↓	↓	
TOTAL CLAIMS	18	████████	████████	████████		TOTAL CLAIMS	████████	████████	████████	